

APPLICATION FOR GUARDIANSHIP/CONSERVATORSHIP SERVICES THROUGH THE DEPARTMENT OF HUMAN SERVICES

This application is to request guardianship and/or conservatorship services for an individual with a documented developmental disability through the department.

1. Attach the following **MANDATORY** documentation:

- Copy of most current Individual Service (ISP) or Educational Plan (IEP)
- Copy of most current psychological evaluation
- Copy of any current guardianship or conservatorship order
- Copy of family/social history
- Copy of current medical history (current diagnosis, medication, etc.)
- Copy of any Do Not Resuscitate (DNR), living will, power of attorney, etc. (if one exist)

2. Send completed application to:

**DHS Guardianship Program
Hillsview Plaza, E. Hwy 34
c/o 500 E. Capitol
Pierre, SD 57501-5070**

3. If you need assistance with the application, call the DHS Guardianship Program at:

1(800) 265-9684

**YOUR APPLICATION WILL BE DENIED IF IT IS INCOMPLETE OR IF
YOU DO NOT SEND THE REQUIRED INFORMATION**

INFORMED CONSENT DECISIONS

Informed Consent: is the ability to consider relevant information, weigh risks and benefits and arrive at a knowing and voluntary decision. (Failure to make a decision the provider would have made does not, by itself, mean the person is not capable of giving informed consent.).

TYPES OF GUARDIANSHIP OR CONSERVATORSHIP APPOINTMENTS

1. Full guardianship: provides the guardian with decision-making authority and responsibility over the protected person's personal affairs including medical, legal, habilitation, employment, education etc...
2. Limited guardianship: gives the guardian decision-making authority and responsibility over only selected areas that the protected person has been determined unable to manage by him/herself. For example, a limited guardianship may only apply to health care decisions.
3. Joint guardianship: (also referred to as Co-guardianship) more than one person acting as a protected person's guardian at the same time and sharing in the decision-making authority and responsibilities that accompanies guardianship.
4. Conservatorship: manages a protected person's estate and finances. As with guardianship, a conservatorship may be full, limited, temporary or joint.
5. Temporary guardianship (emergency): guardianship or conservatorship is appointed only for a 90-day period if it is shown that an immediate need exists and following the regular court procedures could result in significant harm to the person.

LEAST RESTRICTIVE

Examples of less restrictive alternatives to guardianship/conservatorship include:

- Providing skills/training to an individual in specific areas.
- Finding a friend/advocate willing to assist the individual by attending meetings, etc and explaining the processes.
- Involving family members/friends.
- Representative payee, power of attorney, living will, etc.

APPLICATION FOR GUARDIANSHIP/CONSERVATORSHIP SERVICES THROUGH THE DEPARTMENT OF HUMAN SERVICES

Name of person referred: _____
First Middle Last

Address: _____

Telephone: _____

DOB: _____ Age: _____ Sex: _____

Sources and amount of monthly income: SSI _____ SSDI _____ Wages _____ Other _____

Does this person have an Individual Indian Monies account (IIM)? Yes ☐ No ☐ Current balance? _____

In what type of living environment does this person reside? (Group home, independent living, etc.)

Please describe the nature and degree of developmental disability and age of onset:

In what areas does this person require help in making decisions? Provide specific examples:

How have decisions been made up to now?

What less restrictive alternatives to guardianship/conservatorship have been attempted and what were the results?

Please describe specific reasons/circumstances which led you to apply now:

Have you contacted anyone else about becoming this person's guardian/ conservator? If not, and there are possible candidates, you must do so before proceeding with this application. If the answer is yes, describe your efforts including who you contacted and when, their relationship to the referred, and their response to your request.

List the names and addresses of any known parent, foster parent, guardian, conservator, sibling(s), spouse, advocate, or other persons involved in this person's life, past and present (other than those providing direct care).

Name	Address	Phone Number	Relationship
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Name	Address	Phone Number	Relationship
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Name	Address	Phone Number	Relationship
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Name of current service provider or school (if applicable): _____

Address: _____

Name and phone number of agency contact (service coordinator, case manager, teacher, etc.)

Name of person making this referral if different than above: _____

Relationship to person referred: _____

Address: _____

Telephone: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of person completing this application	Date
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Current guardianship or conservatorship status: (Check all that apply)		Type of appointment requested in this application. (Check all that apply)	
<input type="checkbox"/>	Minor, DSS custody	<input type="checkbox"/>	Full guardianship
<input type="checkbox"/>	Minor, Court Appointed guardian/conservator	<input type="checkbox"/>	Limited guardianship
<input type="checkbox"/>	Minor or adult under tribal jurisdiction	<input type="checkbox"/>	Full conservatorship
<input type="checkbox"/>	Adult with current guardian or conservator	<input type="checkbox"/>	Limited conservatorship
<input type="checkbox"/>	No existing appointment	<input type="checkbox"/>	Both guardianship and conservatorship
		<input type="checkbox"/>	Emergency appointment